

REQUEST FOR WAIVER OF PENALTY FOR LOSS OF INSTRUCTIONAL DAY

Corporation Name	Corporation Number
Corporation Address	Corporation Telephone Number
School(s) waiver request applies to (attach additional pages if needed) • _____ check here if request applies to entire corporation	Number of Scheduled Instructional Days

SECTION 1: WAIVER REQUEST FOR SHORTENED INSTRUCTIONAL DAY(S)
(A LOSS OF MORE THAN 120 MINUTES DUE TO DELAY OR EARLY DISMISSAL)

Date(s) of Lost Time	Amount of Lost Time (listed in minutes)	Reason(s) for Shortened Day
----------------------	--	-----------------------------

SECTION 2: WAIVER REQUEST FOR CANCELED INSTRUCTIONAL DAY(S)

Date(s) of Lost Time	Reason for Cancellation	Reason(s) for not Rescheduling Canceled Day
----------------------	-------------------------	---

THIS FORM MUST BE SIGNED AND SUBMITTED BY THE SUPERINTENDENT

Printed Name _____

Signature _____ Date _____

PLEASE RETURN TO: Dr. George Frampton OR FAX TO: Dr. George Frampton at (317) 232-9023
Indiana Department of Education
151 West Ohio Street
Indianapolis, Indiana 46204

-----DEPARTMENT OF EDUCATION USE ONLY-----

____ APPROVED ____ DENIED Signed _____ Date _____